

## PART B—ISSUE FEE TRANSMITTAL

B 5

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Washington, D.C. 20231

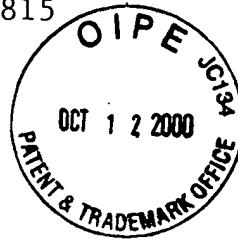
## CORRECTED ISSUE FEE TRANSMITTAL

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Darby & Darby PC  
805 Third Avenue  
New York, NY 10022

QM12/0815



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Date 10/12/00 62628223004VS  
I hereby certify that, on the date indicated above I deposited this paper or fee with the U.S. Postal Service & that it was addressed for delivery to the Commissioner of Patents & Trademarks, Washington D.C. 20231 by "Express Mail Post Office to Addressee" service.

(D) Beck (Signature)  
Date 10/12/00

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	SIGNATURE	DATE MAILED
09/504,732	12/16/00	010	Lewis, W.	3731	08/15/00

First Named Applicant MARIN, 35 USC 154(b) term ext. = 0 Days.

TITLE OF INVENTION METHOD FOR ENDOLUMINALLY EXCLUDING AN AORTIC ANEURYSM

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
2 0161/19490-U 606-198-000	Q81		UTILITY	YES	\$620.00	11/15/00

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Darby & Darby

2 \_\_\_\_\_

3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  
**PLEASE NOTE:** Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE TERAMED, INC. \*

(B) RESIDENCE: (CITY & STATE OR COUNTRY) Maple Grove, MN \*

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

Issue Fee **Fee PAID - SEE ATTACHED**  
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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

10/10/00

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231

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(D) Beck (Signature)  
Name (Print) \_\_\_\_\_  
Signature \_\_\_\_\_

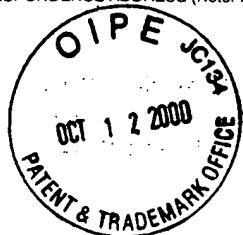
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
First Named Applicant				

**TITLE OF INVENTION**

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEES DUE	DATE DUE
0161719490-U	406-198.000	061	UTILITY	YES	\$1620.00	11/16/00

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(A) NAME OF ASSIGNEE

ENDOVASCULAR SYSTEMS, INC.

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

CROSS RIVER, NEW YORK

Please check the appropriate assignee category indicated below (will not be printed on the patent)

individual  corporation or other private group entity  government

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(Date)

10/10/00

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D B Beck

Name (Print)

D B Beck

Signature

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